	Initial Application
	Amended Application
Da	ate:



STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

APR 12 2022 Be 6:00 pm

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Candidate's mail address (required):	Candidate's mailing address (required):		
Candidate's email address (required):	Candidate's email address (required):	Candidate Information:	Candidate's Name (required): John Hones
Candidate's phone number (required):	Candidate's phone number (required):		Candidate's mailing address (required): PSBx 1828 Dawsy Az 8632
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☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)	☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)		
			☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)
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if applicable) Standing Committee (must also complete separate standing committee registration)	if applicable) Standing Committee (must also complete separate standing committee registration)	Special Status	☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
☐ inlega PAC (must provide proof of inlega PAC status to filling officer) (amended applications only)	ווווווווווווווווווווווווווווווווווווו		
		☐ Political Party	
□ Political Party	□ Political Party	Committee Name (required): (must include party affiliation)	
Committee Name (required):	Committee Name (required):	Jurisdiction:	■ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
Committee Name (required):(must include party affiliation)	Committee Name (required):(must include party affiliation)		■ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
Committee Name (required): (must include party affiliation) Jurisdiction: State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)	Committee Name (required): (must include party affiliation) Jurisdiction: State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)		☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)
Committee Name (required): (must include party affiliation) Jurisdiction: State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)	Committee Name (required): (must include party affiliation) Jurisdiction: State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)		☐ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
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	Initial Application
	Amended Application
Da	ito:



STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

APR 12 2022 Beb:00 pm

	Re Contact Information:	Ceived Committee's mailing address (required): PoBox 1828 Devey Az 86327
		Committee's email address (required): hydreselower a quail con
		Committee's phone number (if any): 928 713 8593
		Committee's website (if any):
	Chairperson's Information:	Chairperson's name (required):CARLE HugHES
		Chairperson's physical address (required): 938 S FOOTHILLE DEUSY 1280327
		Chairperson's mailing address (if different): Robert 828 Davey Az 86 327
		Chairperson's email address (required): Carjehughes La ghail. on
		Chairperson's phone number (required): 128 848 8717
		Chairperson's employer (required): Kewarum Range
		Chairperson's occupation (required):
	Treasurer's Information:	Treasurer's name (required): CARIE HUGHES
		Treasurer's physical address (required): 938 5 Faithur De Daus 128427
		Treasurer's mailing address (if different): RB 1828 05.57 Az 86321
		Treasurer's email address (required): Carichaghes 1 2 gulai 1. com
		Treasurer's phone number (required): 928 848 8117
		Treasurer's employer (required): CASCRY CREAT PRICH LANGE
		Treasurer's occupation (required):
	Bank or Financial Institution:	Bank name (required):
	(do not list acct numbers)	Additional bank name (if applicable):
		Additional bank frame (ii applicable).
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DECLARA	TION AND SIGNATURES:	
	chairperson or treasurer of th committee and authorize it to campaign finance and reporti	rjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as e committee named herein, if applicable; (2) designate the above-named committee as my official candidate receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's agguide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. agree to accept all notifications and legal service of process for campaign finance purposes via the email
	Chairperson's signature:	Date: 4-11-2022
	Treasurer's signature:	Date: 4-11-2022
	Candidate's signature (if appl	licable). Date: 4-11-7077